



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
National Institutes of Health

Memorandum

SAMPLE

Date: [Date]

From: [Name of Traveler, Title]

Subject: Request for Actual and Necessary Expense Allowance

To: Associate Director for Management, NIEHS

Through: Administrative Officer, NIEHS

Approval is requested for reimbursement of actual and necessary lodging expenses that will be incurred by [Name of traveler] on official travel status to [Destination] for the purpose of attending the [Conference/Meeting]. The meeting will take place from [Date to Date].

The government-lodging rate for this area is \$X.XX. Alternate accommodations for a lesser amount or an amount equal to the government rate were not available within a reasonable commuting distance to the meeting. The hotels that were contacted are: 1) [Name of Hotel] - \$X.XX (rate), 2) [Name of Hotel]- \$X.XX (rate) and, 3) [Name of Hotel]- (rate). [Name of traveler] will stay at the [Name of Hotel] at a rate of \$X.XX per night.

Approval of actual expense allowance for lodging only, not to exceed [\$X.XX rate] is requested for the above dates.

[Name of Traveler, Title]

[Date]

Approved_____ Date_____

Disapproved_____ Date_____